

ANNUAL STATEMENT

For the Year Ending December 31, 2002

OF THE CONDITION AND AFFAIRS OF THE

CARE CHOICES HMO

NAIC Group Code	0000	,	0000	NAIC Company Code	95452	Employer's ID Number	38-2694901
	(Current Period)		(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America						
Licensed as business type:	Life, Accident & Health[ ]		Property/Casualty[ ]		Hospital, Medical & Dental Service or Indemnity[ ]		
	Dental Service Corporation[ ]		Vision Service Corporation[ ]		Health Maintenance Organization[X]		
	Other[ ]		Is HMO Federally Qualified? Yes[X] No[ ]				
Date Incorporated or Organized	07/08/1986			Date Commenced Business	01/01/1987		
Statutory Home Office	34605 Twelve Mile Road			Farmington Hills, MI 48331			
	(Street and Number)			(City, or Town, State and Zip Code)			
Main Administrative Office	34605 Twelve Mile Road						
	(Street and Number)						
	Farmington Hills, MI 48331			(248)489-6321			
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Mail Address	34605 Twelve Mile Road			Farmington Hills, MI 48331			
	(Street and Number or P.O. Box)			(City, or Town, State and Zip Code)			
Primary Location of Books and Records	34605 Twelve Mile Road						
	(Street and Number)						
	Farmington Hills, MI 48331			(248)489-6321			
	(City, or Town, State and Zip Code)			(Area Code) (Telephone Number)			
Internet Website Address	www.carechoices.com						
Statement Contact	Donna J. West			(248)489-6321			
	(Name)			(Area Code)(Telephone Number)(Extension)			
	WESTD@trinity-health.org			(248)489-6191			
	(E-Mail Address)			(Fax Number)			
Policyowner Relations Contact							
	(Street and Number)						
				(Area Code) (Telephone Number)(Extension)			
	(City, or Town, State and Zip Code)						

OFFICERS

President and CEO	William R. Alvin
Secretary	Jeanne Dunk
Chief Financial Officer	Michael Koziara
Chief Medical Officer	Paul Dake MD

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

James H. Peppiatt-Combes	Jay Herron
Paul Harkaway MD	William R. Alvin
Howard B. Weinblatt MD	Molly Resnik
Mary Ellen Howard RSM	Lisa Reed
Michael Slubowski	Agnes Spitz

State of	Michigan
County of	Oakland ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)	(Signature)	(Signature)
William R. Alvin	Jeanne Dunk	Michael Koziara
(Printed Name)	(Printed Name)	(Printed Name)
President & CEO	Secretary	Chief Financial Officer
	a. Is this an original filing?	Yes[X] No[ ]
	b. If no,	
Subscribed and sworn to before me this	1. State the amendment number	
day of	2. Date filed	
, 2003	3. Number of pages attached	

(Notary Public Signature)



**EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
<b>Group Subscribers:</b>						
VISTEON CORP .....	432,237	69,098	62,790	77,349	77,349	564,124
INFO & LEARNING UMI .....	129,276	.....	.....	.....	.....	129,276
STATE OF MICHIGAN .....	94,898	.....	.....	.....	.....	94,898
DTE .....	110,139	500	5,859	8,662	8,662	116,498
K.A.R. PAYROLL SERV .....	17,087	17,087	17,087	.....	.....	51,261
DETROIT DIESEL .....	(1,152)	.....	43,697	.....	.....	42,545
BAY LOGISTICS .....	30,143	.....	.....	.....	.....	30,143
COMSHARE INC. ....	27,687	1,718	323	.....	.....	29,728
MECHANICAL RESOURCES .....	11,253	12,608	.....	.....	.....	23,861
FRIENDLY EMPLOYMENT .....	22,126	.....	.....	.....	.....	22,126
EXCEL ELECTRO CIRCUIT .....	15,985	.....	.....	.....	.....	15,985
ALLSTATE INS CO .....	12,706	522	2,255	.....	.....	15,483
PORT CITY NEON SIGN .....	9,205	2,564	2,564	.....	.....	14,331
LINCOLN DIE CASTING .....	.....	14,181	.....	.....	.....	14,181
QUALITY PLUS INC .....	13,850	.....	.....	.....	.....	13,850
PROTO FAB & FIXTURE .....	12,775	.....	.....	.....	.....	12,775
PFIZER/CERIDIAN .....	7,661	3,782	.....	.....	.....	11,441
AAA SERVICE NETWORK .....	10,851	.....	.....	.....	.....	10,851
MICHIGAN SPRING .....	.....	.....	.....	10,461	10,461	.....
0299997 Subtotal - Group Subscribers: .....	956,727	122,060	134,575	96,472	96,472	1,213,357
0299998 Premium due and unpaid not individually listed .....	211,490	53,459	(27,085)	(74,454)	(74,454)	237,865
0299999 Total group .....	1,168,217	175,519	107,490	22,018	22,018	1,451,222
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 10) ..	1,168,217	175,519	107,490	22,018	22,018	1,451,222

**EXHIBIT 4 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
<b>Receivables not individually listed</b>						
National Prescription Administrators .....	410,000	317,512				727,512
Merck .....	275,000	275,209				550,209
Aventis .....	85,000	85,034	84,703			254,737
GlaxoSmithKline .....	90,000	91,148	112,383			293,531
Bi County .....	17,161					17,161
0499999 Total - Receivables not individually listed .....						
0599999 Health care receivables .....	877,161	768,903	197,086			1,843,150

**EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)**  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
<b>Individually Listed Claims Payable</b>						
Regents of the University of Michigan .....	133,460					133,460
Providence Hospital .....	85,264					85,264
Michigan Heart, PC .....	67,732					67,732
Saint Mary's Mercy Medical Center .....	56,152					56,152
Mercy Hospital Muskegon .....	55,039					55,039
Total Renal Care Inc. ....	48,244					48,244
Spectrum Health Hospitals .....	43,004					43,004
Hackley Hospital .....	41,807					41,807
Cleveland Clinic Foundation .....	38,919					38,919
Ann Arbor Hematology Onc .....	27,843					27,843
Rehabilitation Institute .....	27,200					27,200
Huron Valley Rad Association .....	25,424					25,424
Chelsea Comm Hospital .....	25,006					25,006
St Joseph Mercy Hospital .....	24,935					24,935
EPMG of Michigan .....	19,421					19,421
St. Joseph Mercy Hospital Pontiac .....	18,742					18,742
Anes Assoc of Ann Arbor .....	16,846					16,846
Bon Secours Cottage Health .....	16,455					16,455
Metropolitan Hospital .....	16,407					16,407
Annapolis Hospital .....	15,400					15,400
North Ottawa Hospital .....	14,352					14,352
Kent Radiology .....	14,247					14,247
Oakwood Hospital .....	13,285					13,285
St. John Macomb Hospital .....	13,097					13,097
Quest Diagnostic Inc. ....	13,093					13,093
Graig Cattell .....	12,956					12,956
Crittenton Hospital .....	12,931					12,931
Apria Healthcare .....	12,915					12,915
Advantage Health .....	11,510					11,510
0199999 Total - Individually Listed Claims Payable .....	921,686					921,686
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,759,155	452,925	235,505	124,330	200,120	2,772,035
0499999 Subtotals .....	2,680,841	452,925	235,505	124,330	200,120	3,693,721
0599999 Unreported claims and other claim reserves .....						20,172,203
0699999 Total Amounts Withheld .....						1,889,123
0799999 Total Claims Payable .....						25,755,047
0899999 Accrued Medical Incentive Pool .....						(817,835)

**EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1  Name of Affiliate	2	3	4	5	6	Admitted	
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
Individually listed receivables							
Trinity Health Plans .....	118,287	490,183				608,470	
St. Joseph Mercy Hospital .....	270,501					270,501	
Shorehaven Nursing .....	30,567					30,567	
Trinity Health .....	10,250					10,250	
0199999 Total - Individually listed receivables .....	429,605	490,183				919,788	
0299999 Receivables not individually listed .....	6,888					6,888	
0399999 Total gross amounts receivable .....	436,493	490,183				926,676	

**EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
<b>Individually listed payables</b>				
St Joseph Mercy Health System .....	Capitation .....	3,702,425	3,702,425	
Saint Mary's .....	Risk Sharing .....	797,785	797,785	
Trinity Health .....	Premium Revenue .....	40,238	40,238	
Mercy Oakland Physician Network .....	Administrative Fee .....	34,111	34,111	
0199999 Total - Individually listed payables .....	X X X .....	4,574,559	4,574,559	
0299999 Payables not individually listed .....	X X X .....	12,583	12,583	
0399999 Total gross payables .....	X X X .....	4,587,142	4,587,142	

**EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	59,562,011	30.665	120,679	100.000	42,464,869	17,097,142
2.	Intermediaries .....						
3.	All other providers .....						
4.	Total capitation payments .....	59,562,011	30.665	120,679	100.000	42,464,869	17,097,142
<b>Other Payments:</b>							
5.	Fee-for-service .....	34,237,487	17.627	X X X	X X X		34,237,487
6.	Contractual fee payments .....	74,769,812	38.494	X X X	X X X	3,988,270	70,781,542
7.	Bonus/withhold arrangements - fee-for-service .....	7,032,992	3.621	X X X	X X X		7,032,992
8.	Bonus/withhold arrangements - contractual fee payments .....	18,633,214	9.593	X X X	X X X	18,633,214	
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	134,673,505	69.335	X X X	X X X	22,621,484	112,052,021
13.	Total (Line 4 plus Line 12) .....	194,235,516	100.000	X X X	X X X	65,086,353	129,149,163

**EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 .....			X X X .....	X X X .....	X X X .....



**EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....						
2.	Medical furniture, equipment and fixtures .....						
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....						
6.	Total .....						

NONE



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:  
NAIC Group Code 0000      BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR      NAIC Company Code 95452

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....	129,578		121,241						8,337	
2. First Quarter .....	129,995		121,811						8,184	
3. Second Quarter .....	130,964		122,986						7,978	
4. Third Quarter .....	127,322		121,441						5,881	
5. Current Year .....	120,679		120,679							
6. Current Year Member Months .....	1,526,143		1,456,587						69,556	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	72,737		72,723						14	
8. Non-Physician .....	123,395		123,394						1	
9. Total .....	196,132		196,117						15	
10. Hospital Patient Days Incurred .....	41,392		39,628						1,764	
11. Number of Inpatient Admissions .....	9,476		8,983						493	
12. Premiums Collected .....	285,325,056		275,952,519						9,372,537	
13. Premiums Earned .....	286,442,742		277,100,487					(20,765)	9,363,020	
14. Amount Paid for Provision of Health Care Services .....	194,235,516		186,195,787					61,629	7,978,100	
15. Amount of Incurred for Provision of Health Care Services .....	247,409,985		239,611,220					(132,197)	7,930,962	

34 Grand Total



**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

REPORT FOR: 1. CORPORATION:      2. DIVISION:  
BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR  
NAIC Group Code 0000      NAIC Company Code 95452

	1	Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefit Plan	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year .....	129,578		121,241						8,337	
2. First Quarter .....	129,995		121,811						8,184	
3. Second Quarter .....	130,964		122,986						7,978	
4. Third Quarter .....	127,322		121,441						5,881	
5. Current Year .....	120,679		120,679							
6. Current Year Member Months .....	1,526,143		1,456,587						69,556	
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....	72,737		72,723						14	
8. Non-Physician .....	123,395		123,394						1	
9. Total .....	196,132		196,117						15	
10. Hospital Patient Days Incurred .....	41,392		39,628						1,764	
11. Number of Inpatient Admissions .....	9,476		8,983						493	
12. Premiums Collected .....	285,325,056		275,952,519						9,372,537	
13. Premiums Earned .....	286,442,742		277,100,487					(20,765)	9,363,020	
14. Amount Paid for Provision of Health Care Services .....	194,235,516		186,195,787					61,629	7,978,100	
15. Amount of Incurred for Provision of Health Care Services .....	247,409,985		239,611,220					(132,197)	7,930,962	

**SCHEDULE A - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value, December 31, prior year (prior year statement) .....	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10 .....	
2.2	Totals, Part 3, Column 7 .....	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)) .....	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13 .....	
4.2	Totals, Part 3, Column 9 .....	
5.	Total profit (loss) on sales, Part 3, Column 14 .....	
6.	Increase (decrease) by foreign exchange adjustment .....	
6.1	Totals, Part 1, Column 11 .....	
6.2	Totals, Part 3, Column 8 .....	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12 .....	
8.	Book/adjusted carrying value at the end of current period .....	
9.	Total valuation allowance .....	
10.	Subtotal (Lines 8 plus 9) .....	
11.	Total nonadmitted amounts .....	
12.	Statement value, current period (Page 2, real estate lines, current period) .....	

NONE

**SCHEDULE B - VERIFICATION BETWEEN YEARS**

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount and mortgage interest points and commitment fees .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of mortgages owned at end of current period .....	

NONE

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions .....	
2.2	Additional investment made after acquisitions .....	
3.	Accrual of discount .....	
4.	Increase (decrease) by adjustment .....	
5.	Total profit (loss) on sale .....	
6.	Amounts paid on account or in full during the year .....	
7.	Amortization of premium .....	
8.	Increase (decrease) by foreign exchange adjustment .....	
9.	Book/adjusted carrying value of long-term invested assets at end of current period .....	
10.	Total valuation allowance .....	
11.	Subtotal (Lines 9 plus 10) .....	
12.	Total nonadmitted amounts .....	
13.	Statement value of long-term invested assets at end of current period .....	

NONE

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Class 1 .....		1,263,991	45,640		288,768	1,598,399	43.09	26,713,081	88.10	1,598,399	
1.2	Class 2 .....											
1.3	Class 3 .....											
1.4	Class 4 .....											
1.5	Class 5 .....											
1.6	Class 6 .....											
1.7	TOTALS .....		1,263,991	45,640		288,768	1,598,399	43.09	26,713,081	88.10	1,598,399	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Class 1 .....		27,007		25,208	94,183	146,398	3.95			146,398	
2.2	Class 2 .....											
2.3	Class 3 .....											
2.4	Class 4 .....											
2.5	Class 5 .....											
2.6	Class 6 .....											
2.7	TOTALS .....		27,007		25,208	94,183	146,398	3.95			146,398	
3.	STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Class 1 .....											
3.2	Class 2 .....											
3.3	Class 3 .....											
3.4	Class 4 .....											
3.5	Class 5 .....											
3.6	Class 6 .....											
3.7	TOTALS .....											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Class 1 .....											
4.2	Class 2 .....											
4.3	Class 3 .....											
4.4	Class 4 .....											
4.5	Class 5 .....											
4.6	Class 6 .....											
4.7	TOTALS .....											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUARANTEED, SCHEDULES D & DA (Group 5)											
5.1	Class 1 .....											
5.2	Class 2 .....											
5.3	Class 3 .....											
5.4	Class 4 .....											
5.5	Class 5 .....											
5.6	Class 6 .....											
5.7	TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Class 1 .....											
6.2 Class 2 .....											
6.3 Class 3 .....											
6.4 Class 4 .....											
6.5 Class 5 .....											
6.6 Class 6 .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1 .....	1,022,029	182,728	458,855	28,137	272,728	1,964,477	52.96	3,609,739	11.90	1,963,877	
7.2 Class 2 .....											
7.3 Class 3 .....											
7.4 Class 4 .....											
7.5 Class 5 .....											
7.6 Class 6 .....											
7.7 TOTALS .....	1,022,029	182,728	458,855	28,137	272,728	1,964,477	52.96	3,609,739	11.90	1,963,877	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Class 1 .....											
8.2 Class 2 .....											
8.3 Class 3 .....											
8.4 Class 4 .....											
8.5 Class 5 .....											
8.6 Class 6 .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Class 1 .....											
9.2 Class 2 .....											
9.3 Class 3 .....											
9.4 Class 4 .....											
9.5 Class 5 .....											
9.6 Class 6 .....											
9.7 TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 1 (continued)**

**Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations**

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR											
10.1 Class 1	1,022,029	1,473,726	504,495	53,345	655,679	3,709,274	100.00	X X X	X X X	3,708,674	
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS	1,022,029	1,473,726	504,495	53,345	655,679	(b) 3,709,274	100.00	X X X	X X X	3,708,674	
10.8 Line 10.7 as a % of Column 6	27.55	39.73	13.60	1.44	17.68	100.00	X X X	X X X	X X X	99.98	
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1	30,322,820					X X X	X X X	30,322,820	100.00	30,322,820	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	30,322,820					X X X	X X X	(b) 30,322,820	100.00	30,322,820	
11.8 Line 11.7 as a % of Col. 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1	1,022,029	1,473,726	504,495	53,345	655,679	3,709,274	100.00	30,322,820	100.00	3,708,674	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS	1,022,029	1,473,726	504,495	53,345	655,679	3,709,274	100.00	30,322,820	100.00	3,708,674	X X X
12.8 Line 12.7 as a % of Col. 6	27.55	39.73	13.60	1.44	17.68	100.00	X X X	X X X	X X X	99.98	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	27.55	39.73	13.60	1.44	17.68	100.00	X X X	X X X	X X X	99.98	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$..... current year, \$..... prior year of bonds with 5\* designations and \$..... current year, \$..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

**SCHEDULE D - PART 1A - SECTION 2**

**Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues**

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Issuer Obligations .....		1,263,991	45,640		288,768	1,598,399	43.09	26,713,081	88.10	1,598,399	
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
1.7	TOTALS .....		1,263,991	45,640		288,768	1,598,399	43.09	26,713,081	88.10	1,598,399	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Issuer Obligations .....		27,007		25,208	94,183	146,398	3.95			146,398	
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
2.3	Defined .....											
2.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
2.5	Defined .....											
2.6	Other .....											
2.7	TOTALS .....		27,007		25,208	94,183	146,398	3.95			146,398	
3.	STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Issuer Obligations .....											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
3.3	Defined .....											
3.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
3.5	Defined .....											
3.6	Other .....											
3.7	TOTALS .....											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Issuer Obligations .....											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
4.3	Defined .....											
4.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
4.5	Defined .....											
4.6	Other .....											
4.7	TOTALS .....											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1	Issuer Obligations .....											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
5.3	Defined .....											
5.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
5.5	Defined .....											
5.6	Other .....											
5.7	TOTALS .....											



**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations .....											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
6.3 Defined .....											
6.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
6.5 Defined .....											
6.6 Other .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations .....	1,022,029	182,728	458,855	28,137	272,728	1,964,477	52.96	3,609,739	11.90	1,963,877	
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
7.3 Defined .....											
7.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
7.5 Defined .....											
7.6 Other .....											
7.7 TOTALS .....	1,022,029	182,728	458,855	28,137	272,728	1,964,477	52.96	3,609,739	11.90	1,963,877	
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations .....											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
9.3 Defined .....											
9.4 Other .....											
<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
9.5 Defined .....											
9.6 Other .....											
9.7 TOTALS .....											

**SCHEDULE D - PART 1A - SECTION 2 (continued)**

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10.	TOTAL BONDS CURRENT YEAR											
10.1	Issuer Obligations .....	1,022,029	1,473,726	504,495	53,345	655,679	3,709,274	100.00	X X X	X X X	3,708,674	
10.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....								X X X	X X X		
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
10.3	Defined .....								X X X	X X X		
10.4	Other .....								X X X	X X X		
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
10.5	Defined .....								X X X	X X X		
10.6	Other .....								X X X	X X X		
10.7	TOTALS .....	1,022,029	1,473,726	504,495	53,345	655,679	3,709,274	100.00	X X X	X X X	3,708,674	
10.8	Line 10.7 as a % of Column 6 .....	27.55	39.73	13.60	1.44	17.68	100.00	X X X	X X X	X X X	99.98	
11.	TOTAL BONDS PRIOR YEAR											
11.1	Issuer Obligations .....	30,322,820					X X X	X X X	30,322,820	100.00	30,322,820	
11.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....						X X X	X X X				
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
11.3	Defined .....						X X X	X X X				
11.4	Other .....						X X X	X X X				
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
11.5	Defined .....						X X X	X X X				
11.6	Other .....						X X X	X X X				
11.7	TOTALS .....	30,322,820					X X X	X X X	30,322,820	100.00	30,322,820	
11.8	Line 11.7 as a % of Column 8 .....	100.00					X X X	X X X	100.00	X X X	100.00	
12.	TOTAL PUBLICLY TRADED BONDS											
12.1	Issuer Obligations .....	1,022,029	1,473,726	504,495	53,345	655,678	3,709,273	100.00	30,322,820	100.00	3,709,273	X X X
12.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											X X X
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
12.3	Defined .....											X X X
12.4	Other .....											X X X
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
12.5	Defined .....											X X X
12.6	Other .....											X X X
12.7	TOTALS .....	1,022,029	1,473,726	504,495	53,345	655,678	3,709,273	100.00	30,322,820	100.00	3,709,273	X X X
12.8	Line 12.7 as a % of Column 6 .....	27.55	39.73	13.60	1.44	17.68	100.00	X X X	X X X	X X X	100.00	X X X
12.9	Line 12.7 as a % of Line 10.7, Column 6, Section 10 .....	27.55	39.73	13.60	1.44	17.68	100.00	X X X	X X X	X X X	100.00	X X X
13.	TOTAL PRIVATELY PLACED BONDS											
13.1	Issuer Obligations .....										X X X	
13.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....										X X X	
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
13.3	Defined .....										X X X	
13.4	Other .....										X X X	
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
13.5	Defined .....										X X X	
13.6	Other .....										X X X	
13.7	TOTALS .....										X X X	
13.8	Line 13.7 as a % of Column 6 .....							X X X	X X X	X X X	X X X	
13.9	Line 13.7 as a % of Line 10.7, Column 6, Section 10 .....							X X X	X X X	X X X	X X X	

**SCHEDULE DA - PART 2**  
**Verification of SHORT-TERM INVESTMENTS Between Years**

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year .....	30,505,760	.....	.....	30,505,760	.....
2.	Cost of short-term investments acquired .....	1,022,029	1,022,029	.....	.....	.....
3.	Increase (decrease) by adjustment .....	.....	.....	.....	.....	.....
4.	Increase (decrease) by foreign exchange adjustment .....	.....	.....	.....	.....	.....
5.	Total profit (loss) on disposal of short-term investments .....	(35,099)	.....	.....	(35,099)	.....
6.	Consideration received on disposal of short-term investments .....	30,470,661	.....	.....	30,470,661	.....
7.	Book/adjusted carrying value, current year .....	1,022,029	1,022,029	.....	.....	.....
8.	Total valuation allowance .....	.....	.....	.....	.....	.....
9.	Subtotal (Lines 7 plus 8) .....	1,022,029	1,022,029	.....	.....	.....
10.	Total nonadmitted amounts .....	.....	.....	.....	.....	.....
11.	Statement value (Lines 9 minus 10) .....	1,022,029	1,022,029	.....	.....	.....
12.	Income collected during year .....	187,183	12,070	.....	175,113	.....
13.	Income earned during year .....	188,180	13,067	.....	175,113	.....

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

**44     Schedule DB Part A Verification - ..... NONE**

**44     Schedule DB Part B Verification - ..... NONE**

**45     Schedule DB Part C Verification - ..... NONE**

**45     Schedule DB Part D Verification - ..... NONE**

**45     Schedule DB Part E Verification - ..... NONE**

**46     Schedule DB Part F Sn 1 - Sum Replicated Assets - ..... NONE**

**47     Schedule DB Part F Sn 2 - Recon Replicated Assets - ..... NONE**

**48     Schedule S - Part 1 - Section 2 - ..... NONE**

**SCHEDULE S - PART 2**  
**Reinsurance Recoverable on Paid and Unpaid Losses Listed by**  
**Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
<b>Accident and Health, Non-Affiliates</b>						
90611 .....	41-1366075 ...	01/01/2002	Allianz Life Ins Co Of North Amer .....	MINNEAPOLIS, MINNESOTA .....	247,181	
0599999 Total - Accident and Health, Non-Affiliates .....					247,181	
0699999 Totals - Accident and Health .....					247,181	
0799999 Totals - Life, Annuity and Accident and Health .....					247,181	

**SCHEDULE S - PART 3 - SECTION 2**

**Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1  NAIC Company Code	2  Federal ID Number	3  Effective Date	4  Name of Company	5  Location	6  Type	7  Premiums	8  Unearned Premiums (estimated)	9  Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12  Modified Coinsurance Reserve	13  Funds Withheld Under Coinsurance
									10  Current Year	11  Prior Year		
<b>Affiliates</b>												
90611 ....	41-1366075 ...	01/01/2002	Allianz Life Ins Co Of North Amer .....	MINNEAPOLIS, MINNESOTA .....	SSL/L .....	..... 1,082,579	.....	.....	.....	.....	.....	.....
0199999 Total - Affiliates .....						..... 1,082,579	.....	.....	.....	.....	.....	.....
0399999 Totals .....						..... 1,082,579	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 4**  
**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				N O N E									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 5**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(000 Omitted)**

	1 2002	2 2001	3 2000	4 1999	5 1998
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	889	897	1,295	767	1,584
2. Title XVIII-Medicare .....			76		
3. Title XIX - Medicaid .....	194	212	298	928	695
4. Commissions and reinsurance expense allowance .....					
5. Total medical and hospital expenses .....	1,083	1,109	1,669	1,695	2,279
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	247	339	1,146	2,433	1,995
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
<b>C. UNAUTHORIZED REINSURANCE</b> <b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					



**SCHEDULE S - PART 6**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9) .....	51,275,915		51,275,915
2. Amounts recoverable from reinsurers (Line 12) .....	247,181	(247,181)	
3. Accident and health premiums due and unpaid (Line 10) .....	1,451,221		1,451,221
4. Net credit for ceded reinsurance .....	X X X	247,181	247,181
5. All other admitted assets (Balance) .....	2,843,004		2,843,004
6. Total assets (Line 23) .....	55,817,321		55,817,321
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	25,755,047		25,755,047
8. Accrued medical incentive pool and bonus payments (Line 2) .....	102,151		102,151
9. Premiums received in advance (Line 6) .....	1,910,752		1,910,752
10. Reinsurance in unauthorized companies (Line 14) .....			
11. All other liabilities (Balance) .....	4,806,287		4,806,287
12. Total liabilities (Line 18) .....	32,574,237		32,574,237
13. Total capital and surplus (Line 26) .....	23,243,084	X X X	23,243,084
14. Total liabilities, capital and surplus (Line 27) .....	55,817,321		55,817,321
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....	247,181		
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....	247,181		
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....	247,181		

**SCHEDULE Y (continued)**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-3175878	St. Joseph Ann Arbor					43,406,791				43,406,791	
95452	38-2694901	Care Choices Hmo					(43,406,791)				(43,406,791)	
	38-2663747	Trinity Health Plans					37,050,933				37,050,933	
95452	38-2694901	Care Choices Hmo					(37,050,933)				(37,050,933)	
	38-3176445	St. Mary's Health					8,637,043				8,637,043	
95452	38-2694901	Care Choices Hmo					(8,637,043)				(8,637,043)	
	38-3175874	Mercy Hospital Muskegon					4,662,913				4,662,913	
95452	38-2694901	Care Choices Hmo					(4,662,913)				(4,662,913)	
	38-2507173	Catherine McAuley Health Services					3,556,138				3,556,138	
95452	38-2694901	Care Choices Hmo					(3,556,138)				(3,556,138)	
	38-3146499	Advantage Health					1,875,743				1,875,743	
95452	38-2694901	Care Choices Hmo					(1,875,743)				(1,875,743)	
	38-3176536	St. Joseph Hospital Pontiac					861,502				861,502	
95452	38-2694901	Care Choices Hmo					(861,502)				(861,502)	
	38-2947657	Mercy Mount Clemens					641,545				641,545	
95452	38-2694901	Care Choices Hmo					(641,545)				(641,545)	
	38-3409806	Mercy Oakland Physician Network					509,702				509,702	
95452	38-2694901	Care Choices Hmo					(509,702)				(509,702)	
	38-3521763	St. Mary's Mercy Hospital					394,398				394,398	
95452	38-2694901	Care Choices Hmo					(394,398)				(394,398)	
	38-3176540	Saline Community Hospital					327,340				327,340	
95452	38-2694901	Care Choices Hmo					(327,340)				(327,340)	
	38-2683522	McAuley Pharmacy Inc.					307,912				307,912	
95452	38-2694901	Care Choices Hmo					(307,912)				(307,912)	
	38-3176225	McPherson Hospital					205,018				205,018	
95452	38-2694901	Care Choices Hmo					(205,018)				(205,018)	
	38-3274342	Mercy Hospital Port Huron					150,865				150,865	
95452	38-2694901	Care Choices Hmo					(150,865)				(150,865)	
	38-1360584	Sparrow Hospital					144,183				144,183	
95452	38-2694901	Care Choices Hmo					(144,183)				(144,183)	
	38-3146042	St. Joseph Mercy - Macomb					128,080				128,080	
95452	38-2694901	Care Choices Hmo					(128,080)				(128,080)	
	38-2684671	Midwest Medflight					114,714				114,714	
95452	38-2694901	Care Choices Hmo					(114,714)				(114,714)	
	38-3320707	Hospice of Washtenaw					79,643				79,643	
95452	38-2694901	Care Choices Hmo					(79,643)				(79,643)	
	38-3175868	McPherson Home Care					68,965				68,965	
95452	38-2694901	Care Choices Hmo					(68,965)				(68,965)	
	38-3320700	St. Mary's Amicare Home Services					57,875				57,875	
95452	38-2694901	Care Choices Hmo					(57,875)				(57,875)	
	38-3082434	Macomb MRI Centers, Inc.					27,890				27,890	
95452	38-2694901	Care Choices Hmo					(27,890)				(27,890)	

**SCHEDULE Y (continued)**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95452	38-3321856	Amicare Home Healthcare Muskegon					25,698				25,698	
	38-2694901	Care Choices Hmo					(25,698)				(25,698)	
	38-3229575	Mercy Hospital Cadillac					22,241				22,241	
95452	38-2694901	Care Choices Hmo					(22,241)				(22,241)	
	38-2884297	Tri-Hospital MRI Centers					16,717				16,717	
95452	38-2694901	Care Choices Hmo					(16,717)				(16,717)	
	38-3229573	Mercy Hospital Grayling					9,640				9,640	
95452	38-2694901	Care Choices Hmo					(9,640)				(9,640)	
	38-2621935	Amicare					8,656				8,656	
95452	38-2694901	Care Choices Hmo					(8,656)				(8,656)	
	38-2776791	Mercy Hospital Battle Creek					8,520				8,520	
95452	38-2694901	Care Choices Hmo					(8,520)				(8,520)	
	38-3320698	Mercy Amicare					6,931				6,931	
95452	38-2694901	Care Choices Hmo					(6,931)				(6,931)	
	38-3320701	Mercy Amicare Home HealthCare					1,643				1,643	
95452	38-2694901	Care Choices Hmo					(1,643)				(1,643)	
	38-3379060	Mercy Hospital Detroit					1,188				1,188	
95452	38-2694901	Care Choices Hmo					(1,188)				(1,188)	
	31-1407377	Mercy Medical Center Sioux City					807				807	
95452	38-2694901	Care Choices Hmo					(807)				(807)	
	38-3209962	Allegiance LLC					492				492	
95452	38-2694901	Care Choices Hmo					(492)				(492)	
	38-2949053	Amicare Hospice Services					338				338	
95452	38-2694901	Care Choices Hmo					(338)				(338)	
	38-3176453	McPherson Hospital					67				67	
95452	38-2694901	Care Choices Hmo					(67)				(67)	
	38-2113393	Trinity Health Services					21				21	
95452	38-2694901	Care Choices Hmo					(21)				(21)	
9999999 Totals									X X X			

Schedule Y Part 2 Explanation:

## SUPPLEMENTAL EXHIBITS AND SCHEDULES

### INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

## MARCH FILING

1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
3. Will an actuarial certification be filed by March 1?
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?
6. Will the SVO Compliance Certification be filed by March 1?

## Response

No  
Yes  
Yes  
Yes  
Yes  
No

## APRIL FILING

7. Will Management's Discussion and Analysis be filed by April 1?
8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?
9. Will the Investment Risks Interrogatories be filed by April 1?

Yes  
No  
Yes

## JUNE FILING

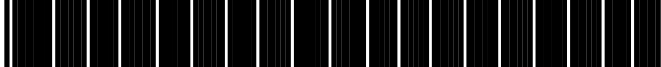
10. Will an audited financial report be filed by June 1 with the state of domicile?

Yes

Explanations:

Bar Codes:

## Medicare Supplement Insurance Experience Exhibit



## SVO Compliance Certification



## LTC Experience Reporting Form C



**OVERFLOW PAGE FOR WRITE-INS**

**INDEX TO HEALTH  
ANNUAL STATEMENT**